

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/527276

SEQUAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						